



## General

### Guideline Title

Best evidence statement (BEST). Team building and mentoring for increased satisfaction and retention.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Team building and mentoring for increased satisfaction and retention. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Mar 25. 6 p. [13 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a to 5b) are defined at the end of the "Major Recommendations" field.

It is recommended that nurses participate in a mentor program to increase job satisfaction and retention (Allen et al., 2004 [1b]; Thomas & Lankau, 2009 [4a]; Hayes et al., 2005 [5a]; Latham, Ringl, & Hogan, 2011 [4a]; Cottingham et al., 2011 [4b]; Greene & Puetzer, 2002 [5b]).

It is recommended that nurses participate in team-building activities to increase job satisfaction and retention (Kalisch, Curley, & Stefanov, 2007 [4a]; DiMeglio et al., 2005 [4b]; Hayes et al., 2005 [5a]; Birx, LaSala, & Wagstaff, 2011 [4b]; Barrett et al., 2009 [4b]; Horak et al., 2006 [5b]; Pipe et al., 2012 [4a]; Medland, Howard-Ruben, & Whitaker, 2004 [5b]).

#### Definitions:

#### Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain

5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

#### Table of Recommendation Strength

Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens. (or visa-versa for negative recommendations)
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

All diseases and conditions requiring nursing care

### Guideline Category

Counseling

### Clinical Specialty

Nursing

### Intended Users

Advanced Practice Nurses

Nurses

## Guideline Objective(s)

To evaluate, among nurses providing care or education in any care setting if participation in a mentoring program and/or teambuilding activities compared to current practice (no mentoring program; no team building events) improves nurse satisfaction and retention

## Target Population

Nurses providing care or education in any care setting

## Interventions and Practices Considered

Participation in a mentoring program and/or teambuilding activities

## Major Outcomes Considered

Nurse satisfaction and retention

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Databases: Medline/PubMed, CINAHL, OhioLink, Google Scholar
- Search Terms Search Terms: Nurse relationships, communication, team building, group cohesion, healthy work environment, retreat, professional socialization, nurse retention, job satisfaction, nurse, mentor(s)
- Filters: English language; no date limit
- Search Dates: July 2012, November 2012

### Number of Source Documents

Not stated

### Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

### Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies

2a or 2b 3a or 3b	Best study design for domain Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

## Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

## Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens. (or visa-versa for negative recommendations)
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by 2 independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

## Evidence Supporting the Recommendations

### References Supporting the Recommendations

Allen TD, Eby LT, Poteet ML, Lentz E, Lima L. Career benefits associated with mentoring for protégée: a meta-analysis. *J Appl Psychol*. 2004 Feb;89(1):127-36. [PubMed](#)

Barrett A, Piatek C, Korber S, Padula C. Lessons learned from a lateral violence and team-building intervention. *Nurs Adm Q*. 2009 Oct-Dec;33(4):342-51. [PubMed](#)

Birx E, Lasala KB, Wagstaff M. Evaluation of a team-building retreat to promote nursing faculty cohesion and job satisfaction. *J Prof Nurs*. 2011 May-Jun;27(3):174-8. [PubMed](#)

Cottingham S, DiBartolo MC, Battistoni S, Brown T. Partners in nursing: a mentoring initiative to enhance nurse retention. *Nurs Educ Perspect*. 2011 Jul-Aug;32(4):250-5. [PubMed](#)

DiMeglio K, Padula C, Piatek C, Korber S, Barrett A, Ducharme M, Lucas S, Piermont N, Joyal E, DeNicola V, Corry K. Group cohesion and nurse satisfaction: examination of a team-building approach. *J Nurs Adm*. 2005 Mar;35(3):110-20. [PubMed](#)

Greene MT, Puetzer M. The value of mentoring: a strategic approach to retention and recruitment. *J Nurs Care Qual*. 2002 Oct;17(1):63-70. [PubMed](#)

Hayes C, Ponte PR, Coakley A, Stanghellini E, Gross A, Perryman S, Somerville J. Retaining oncology nurses: Strategies for today's nurse leaders. *Oncol Nurs Forum*. 2005;32(6):1087-90.

Horak BJ, Hicks K, Pellicciotti S, Duncan A. Create cultural change and team building. *Nurs Manage*. 2006 Dec;37(12):12, 14. [PubMed](#)

Kalisch BJ, Curley M, Stefanov S. An intervention to enhance nursing staff teamwork and engagement. *J Nurs Adm*. 2007 Feb;37(2):77-84. [PubMed](#)

Latham CL, Ringl K, Hogan M. Professionalization and retention outcomes of a university-service mentoring program partnership. *J Prof Nurs*.

Medland J, Howard-Ruben J, Whitaker E. Fostering psychosocial wellness in oncology nurses: addressing burnout and social support in the workplace. *Oncol Nurs Forum*. 2004 Jan-Feb;31(1):47-54. [28 references] [PubMed](#)

Pipe TB, Buchda VL, Launder S, Hudak B, Hulvey L, Karns KE, Pendergast D. Building personal and professional resources of resilience and agility in the healthcare workplace. *Stress Health*. 2012 Feb;28(1):11-22. [PubMed](#)

Thomas CH, Lankau MJ. Preventing burnout: the effects of LMX and mentoring on socialization, role stress, and burnout. *Human Resour Manag*. 2009;48(3):417-32.

## Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Mentoring has been shown to be a valuable strategy to advance positive healthy work environments. Mentoring can also enhance the professionalization of registered nurses (RNs), resulting in improved nurse retention and patient care outcomes, especially as mentoring becomes part of the hospital culture. Many of the competent, proficient, and expert clinicians who sought out the mentor role reported being "reinvigorated" and less burned out. Teambuilding allows RNs to identify barriers to cohesive group functioning including ineffective and negative communication, generational differences, peer competence and accountability.

### Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

Applicability Issues

Management and staff collaboration is essential to establish the criteria required to become a mentor and to design how the mentorship program will work. A process for matching new staff with a mentor and the appropriate length of the mentorship needs to be identified. The development of a guideline for managing the mentorship program is needed.

Team building sessions or retreats will need to be planned. Staff input on what the sessions should include can make the sessions more useful and successful. A person or team to facilitate the sessions must be identified. A location and schedule for the team building sessions needs to be identified and convenient for staff to attend. Multiple sessions will need to be available for nursing staff to support the programs sustainability. The human resources department or other hospital wide staff education resources can be utilized for facilitation of teambuilding interventions.

The planning and implementation of both interventions will require time outside of the regular schedule.

## Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Getting Better

### IOM Domain

Effectiveness

## Identifying Information and Availability

### Bibliographic Source(s)

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### Adaptation

Not applicable: The guideline was not adapted from another source.

### Date Released

2013 Mar 25

### Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

## Source(s) of Funding

Cincinnati Children's Hospital Medical Center

## Guideline Committee

Not stated

## Composition of Group That Authored the Guideline

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## Financial Disclosures/Conflicts of Interest

Conflict of interest declaration forms are filed with the Cincinnati Children's Hospital Medical Center Evidence-based Decision Making (CCHMC EBDM) group. No financial or intellectual conflicts of interest were found.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

## Patient Resources

None available



## NGC Status

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